

TECHNICAL ASSISTANCE FOR PUBLIC PARTICIPATION (TAPP) APPLICATION

OMB No. 0704-0392
OMB approval expires

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO INSTALLATION LISTED IN SECTION I, BLOCK 1.

SECTION I - TAPP REQUEST SOURCE IDENTIFICATION DATA

1. INSTALLATION

2. SOURCE OF TAPP REQUEST *(Name of Restoration Advisory Board (RAB) or Technical Review Committee (TRC))*

3. CERTIFICATION OF MAJORITY REQUEST

4. DATE OF REQUEST
(YYYYMMDD)

5. RAB POINT OF CONTACT

a. NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Street, Apt. or Suite Number, City, State, ZIP Code)*

c. TELEPHONE NUMBER *(Include Area Code)*

SECTION II - TAPP PROJECT DESCRIPTION

6. PROJECT TITLE

7. PROJECT TYPE *(Data Interpretation, Training, etc.)*

8. PROJECT PURPOSE AND DESCRIPTION *(State anticipated goals of project and relate to increased understanding/participation in restoration process at the installation. Include descriptions, locations, and timetables of products or services requested.)*

N E E D S D D 6 7

9. STATEMENT OF ELIGIBILITY *(Refer to eligibility criteria in 32 CFR Sections 203.10 and 203.11 of TAPP rule. Note other sources that were considered for this support and state reasons why these sources are inadequate.)*

10. ADDITIONAL QUALIFICATIONS OR CRITERIA TO BE CONSIDERED *(Additional qualifications (beyond those specified in Section 203.12) a provider should demonstrate to perform the project to the satisfaction of the RAB/TRC. Attach separate statement, if necessary.)*

SECTION III - INSTALLATION COMMANDER/DESIGNATED DECISION AUTHORITY APPROVAL

	APPROVED	11. SIGNATURE	12. TITLE	13. DATE (YYYYMMDD)
	NOT APPROVED			

SECTION IV - PROPOSED PROVIDER DATA

14. PROPOSED PROVIDER

a. NAME	b. ADDRESS
c. TELEPHONE NUMBER	

15. PROVIDER QUALIFICATIONS

N E E D S D D 6 7

16. ALTERNATE PROPOSED PROVIDER

a. NAME	b. ADDRESS
c. TELEPHONE NUMBER	

17. ALTERNATE PROVIDER QUALIFICATIONS

SECTION V - CONTRACTING OFFICE APPROVAL

APPROVED	18. SIGNATURE	19. TITLE	20. DATE
NOT APPROVED			